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May 15, 2017

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Marlene H. Dortch, Secretary Office of the Secretary Federal Communications Commission 445 12th Street, S.W. Washington, DC 20554

> Central Utah Telephone Re:

> > Form 395 Common Carrier Annual Employment Report

WC Docket No. 16-233

Dear Ms. Dortch:

On behalf of Central Utah Telephone, we are submitting herewith its Form 395 Common Carrier Annual Employment Report for Calendar Year 2017.

In accordance with Rule Section 1.12 of the Commission's Rules, please direct any questions or correspondence regarding this filing to our office.

Sincerely yours,

Richard D. Rubino

Counsel for Central Utah Telephone

Mill all

Attachment

## FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076
Est. time per response: 1 hour

## COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Information	3														
1. Name and Mailing Address of Respondent Central Utah Telephone PO Box 7 Fairview, UT 84629	Respondent I <b>nc</b>												Check he is a char address.	Check here if this is a change of address.	
2. Year Report Filed		3. Reporting	Reporting Period (Ending Deriod Covered by Report)	Reporting Period (Ending Date of Pay Period Covered by Report)	¥		4. Number of Reporting	4. Number of Full-Time Employees during Selected Reporting Period (check one):	iployees durii one):	ng Selected					
2017		March	ch 18	3. 2017	7		a. Fey	Fewer than To (complete sections I, IV, and V only)  16 or more (complete all sections)	ompiete Section	ons I, IV, and	v only)				
SECTION II - Full-Tillie Employees.							Num	Number of Employees	yees						
5				2				Race/Ethnicity							
Categories	H	Hispanic or						Not-Hispanic or Latino	c or Latino		,				Total
		Latino			Male	ale					Female	ale			Columns A - N
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	
	Þ	В	С	D	Е	F	G	н	-	٦	*	г	Z	z	0
Executive/Senior Level Officials and Managers 1.1			4												4
First/Mid-Level Officials and 1.2 Managers	2		7						2						9
Professionals	N		4			1									5
Technicians	ω		8		5				-						14
Sales Workers	4		4			1					3				5
Administrative Support Workers	51	2	6						16						24
Craft Workers	6 2		37												39
Operatives	7														0
Laborers and Helpers	ω		1												-
Service Workers	9		1												_
TOTAL 1	10 2	2	72	0	5	2	0	0	19	0	0	0	0	0	102
PREVIOUS YEAR TOTAL 1	11 2	2	66	0	ω	2	0	0	20	0	0	0	0	0	95

FCC 395 Revised December 2007

Title of Person Signing	05/08/2017 Casey Cox	ify that to the best of my ki	SECTION V - Certification	(Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.	This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company.	This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this commany before any body having complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this	SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311.	PREVIOUS YEAR TOTAL 11 0 0 2	TOTAL 10 0 0 3	Service Workers 9	Laborers and Helpers 8	Operatives 7	Craft Workers 6	Administrative Support 5	Sales Workers 4	Technicians 3	Professionals 2	First/Mid-Level Officials and 1.2	Executive/Senior Level 1.1 Officials and Managers	A B C	Male Female Write	Lamio	ries H	Job	SEC IION III - Part- I ime Employees.
OF ANY STA		ments in this rep	Boot in this con	agencies before	ts alleging violati	ng violations of th	FR 22.321, 23.58	0	0											D	Black or African American				
FALSE STATE		ort are true an		which the mat	ions of the pro	ne equal emplo	5, 90.168, 101	0	0											Е	Native Hawaiian or Other Pacific Islander	Male			
E OR CONS	Signature	d correct.		ter has been	visions of any	oyment provis	.4, and 101.3	0	0											Ħ	Asian	<u>Б</u>			
TRUCKION				heard, file nu	equal emplo	sions of Feder	11.	0	0											G	American Indian or Alaska Native			_	Num Report emplo
FORM ARE F	37			mber or other	yment opport	ral, state, terri		0	0											I	Two or more races		Not-Hispanic or Latino	Race/Ethnicity	Number of Employees (Report employees in only one category)
UNISHABLE S.C. 312 (A)				designation,	unity statute I	itorial, or local		2	2					1	1					-	White		ic or Latino		yees one category)
BY FINE AN (1) AND/OR F				and current s	nave been file	statutes hav		0	0											٦	Black or African American				
ORFEITURE				tatus or dispo	d against this	e been filed a		0	0											×	Native Hawaiian or Other Pacific Islander	Female			
ONMENT (18 (47 U.S.C. 5	(435) 42			sition.	company.	gainst this		0	0											٦	Asian	nale			
3 U.S.C. 1001 03).	(435) 427-0502							0	0											×	American Indian or Alaska Native				
WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION FERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).	, ,							0	0											z	Two or more races				
VOCATION								4	5	1	0	0	0	3	<b>)</b> 4	0	0	0	0	0		Columns A - N	Total		